



RESOURCE ROOM ENDORSEMENT (RR)
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 58897 (07-2008)

Social Security Number		Date of Birth		ND Teaching License Number	
Work Telephone Number				Email Address	
Home Telephone Number					
Last Name		First Name		M.I.	Maiden Name
Mailing Address			City		State Zip (9 digit)

Prerequisite: Valid North Dakota educator's professional license in elementary, middle, or secondary education; hold a special education endorsement in either specific learning disabilities or mental retardation; and submit a letter from administrator requesting this endorsement.

Re-education Plan: submit a plan to complete required coursework within three years of assignment to teach in the resource room.

Fees: If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at your normal license renewal time.

Timeline: All requirements must be met before adding this endorsement to your license. The addition of this endorsement does not change your regular license renewal date.

Resource Room Program of Study

Coursework	Completed (SH)	Needed (SH)
Teacher with MR Endorsement:		
Education of children with specific learning disabilities		
Assessment for special education		
Methods and materials for specific learning disabilities		
Teacher with SLD Endorsement:		
Introduction to mental retardation		
Methods and materials for mental retardation		
	Total SH	Total SH
Letter from administrator (see prerequisite above)		

The resource room teacher should not have more than six students in the special education classroom at any one time and must have time for consultation with general education teachers. If a greater number of students from one area of exceptionality than the other are enrolled, the teacher should hold the endorsement in the largest area of exceptionality.

Signature of Applicant	Date
ESPB Review	Date
Executive Director, ESPB	Date

License Code 19094	Type of Equivalency 23	Level of Preparation
Plan on File Start Date:	Plan on File Expiration Date:	Plan on File Effective Date:

Submit completed form and \$75 fee to: Education Standards and Practices Board
 2718 Gateway Ave, Suite 303
 Bismarck ND 58503-0585
 (701) 328-9641 office
 (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.



Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card